

6 PD-1



ensco

El Dorado Facility

309 American Circle
El Dorado, Arkansas 71730
(501) 863-7173

Certified Mail - Z 418 988 159 & 160
Return Receipt Requested

June 20, 2000

HZ/RC/GT

Mr. Randall Mathis
Director
ADEQ
P.O. Box 8913
Little Rock, AR 72219-8913

Mr. Gregg Cooke
Regional Administrator
U.S. EPA, Region VI
1445 Ross Avenue
Dallas, TX 75202-2733

Re: Notification of Importation of Foreign Waste

Dear Mr. Mathis and Mr. Cooke:

Attached is a Notification of Importation of Foreign Waste form for waste streams (Profile # 624382 & 624383) that have gone through the approval process by ENSCO's Technical Branch in El Dorado. This letter (and attachment) is designed to meet the requirements of 40 CFR Part 264.12(a) and RCRA Permit 10H-M013, Part II.A.3.(b). These waste streams will be accepted by ENSCO, El Dorado facility, no earlier than July 20, 2000.

Sincerely,

Gary Hodges
Environmental Manager

GH:ph-foreign/lt62000

Attachment

cc: Mike Bates - ADEQ
Keenan Crawley - ENSCO



NOTIFICATION OF IMPORTATION OF FOREIGN WASTE

ENSCO, INC.

EL DORADO, AR

DATE: June 20, 2000 WASTE PROFILE NO. 624382

GENERATOR NAME: E.E.S. S.A. de CV

U.S. ADDRESS: 425 Panamerican Dr. FOREIGN ADDRESS: Ave. Las Torres #7125

Suite B

Cd. Juarez,

El Paso, TX 79907

Chih., Mexico

U.S. EPA ID NO: TXR000035741

PROBABLE BROKER (if any): Environmental Mgmt. Services

ADDRESS: 9717 Carnegie Ave.

El Paso, TX 79925

U.S. EPA ID NO: TXR000020107

WASTE DESCRIPTION: Decafluoropentane, Dichloroethylene

EPA WASTE CODES: D001

EST. QUANTITY: 3-5 drums/month

NOTIFICATION OF IMPORTATION OF FOREIGN WASTE

ENSCO, INC.

EL DORADO, AR

DATE: June 20, 2000 WASTE PROFILE NO. 624383

GENERATOR NAME: E.E.S. S.A. de CV

U.S. ADDRESS: 425 Panamerican Dr. FOREIGN ADDRESS: Ave.Las Torres #7125

Suite B

Cd. Juarez,

El Paso, TX 79907

Chih., Mexico

U.S. EPA ID NO: TXR000035741

PROBABLE BROKER (if any): Environmental Mgmt. Services

ADDRESS: 9717 Carnegie Ave.

El Paso, TX 79925

U.S. EPA ID NO: TXR000020107

WASTE DESCRIPTION: Flux

EPA WASTE CODES: D001

EST. QUANTITY: 3-5 drums/month



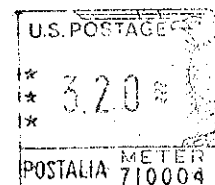
El Dorado Facility
309 American Circle
El Dorado, Arkansas 71730

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 418 988 160

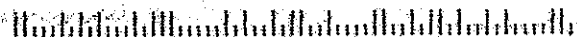
MAIL



Mr. Gregg Cooke
Regional Administrator
U.S. EPA, Region VI
1445 Ross Avenue
Dallas, TX 75202-2733



75202-2512 34





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

April 5, 2000

ETHICON ENDO SURGERY
425 B PANAMERICAN DRIVE
EL PASO, TX 79907-
ATTN: ARTURO TAPIA, DOCTOR

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

ETHICON ENDO SURGERY
425 B PANAMERICAN DRIVE
EL PASO, TX 79907-

Your EPA Identification Number for this installation
is: **TXR000035741**

The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is requested should any information on the original document change.

Charles Faultry, Chief
RCRA Information Management Section

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2850-0028 Expires 10/31/99
GSA No. 0246-EPA-OT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

MAY 3 2000

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification



B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

TXRD00035741

II. Name of Installation (Include company and specific site name)

ETHICON ENDOSC SURGERY

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

425 B Panamerican Drive

Street (Continued)

RECEIVED

City or Town

EL PASO

State

Zip Code

TX

79907-

County Code

County Name

14

EL PASO

TNRCC-WASTE EVALUATION
I & HW DIVISION

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

TAPIA

Arturo

Job Title

Phone Number (Area Code and Number)

Doctor

915-857-7624

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

X

B. Street or P.O. Box

AVE L A S T O R R E S # 7125

City or Town

State

Zip Code

Cd. Juarez Chih.

MX

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

PETE SOTO

Street, P.O. Box, or Route Number

425 Panamerican Drive

City or Town

State

Zip Code

El Paso

TX

79907-

Phone Number (Area Code and Number)

915-860-1263

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

X

No

(Date Changed)
Month Day Year

5-3-00 85
✓
new
4/14/00
#358

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic ☐ (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) _____

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Kenneth B. Mottley-Agent for Owner

4/7/00

XI. Comments

IMPORTER OF RECORD ; per Wanda Lopez
1-800-599-8847

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)